Fill in this information to identify the case:

Debtor name   **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known)   **24-16239-JKS**

■ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors   12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

☐   *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
☐   *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
☐   *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
☐   *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
☐   *Schedule H: Codebtors* (Official Form 206H)
■   *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
■   Amended *Schedule*   **Schedule E/F**
☐   *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
☐   Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on   **October 14, 2024**   *X* **/s/ Louis V. Greco III**
Signature of individual signing on behalf of debtor

Louis V. Greco III
Printed name

Manager
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name   **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known)   **24-16239-JKS**

■ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals   **12/15**

Part 1:	Summary of Assets

1.   *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

    1a. **Real property:**
        Copy line 88 from *Schedule A/B*.. $ **0.00**

    1b. **Total personal property:**
        Copy line 91A from *Schedule A/B*... $ **1,420,775.26**

    1c. **Total of all property:**
        Copy line 92 from *Schedule A/B*.. $ **1,420,775.26**

Part 2:	Summary of Liabilities

2.   *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
    Copy the total dollar amount listed in Column A, *Amount of claim,* from line 3 of *Schedule D*................................... $ **1,366,440.42**

3.   *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

    3a. Total claim amounts of priority unsecured claims:
    Copy the total claims from Part 1 from line 5a of *Schedule E/F*... $ **0.00**

    3b. Total amount of claims of nonpriority amount of unsecured claims:
    Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*...   +$ **639,225.21**

4.   **Total liabilities** ....
    Lines 2 + 3a + 3b $ **2,005,665.63**

Fill in this information to identify the case:

Debtor name   **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known)   **24-16239-JKS**

■ Check if this is an
   amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims.
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and
Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and
2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1:	List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

   ☐ No. Go to Part 2.

   ■ Yes. Go to line 2.

2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors
   with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address **NJ Department of Labor** **1 John Fitch Plaza** **Trenton, NJ 08611**	As of the petition filing date, the claim is: *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$0.00**	**$0.00**
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? ■ No ☐ Yes		
2.2	Priority creditor's name and mailing address **NJ Division of Employer Accounts** **PO Box 379** **Trenton, NJ 08625**	As of the petition filing date, the claim is: *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$0.00**	**$0.00**
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? ■ No ☐ Yes		

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

2.3 | Priority creditor's name and mailing address

NJ Office of the Attorney General
25 Market Street
8th Floor, West Wing
Trenton, NJ 08625-0080

As of the petition filing date, the claim is: **$0.00**   **$0.00**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

2.4 | Priority creditor's name and mailing address

PA Department of Revenue
PO Box 280904
Harrisburg, PA 17128-0904

As of the petition filing date, the claim is: **Undetermined**   **$0.00**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

2.5 | Priority creditor's name and mailing address

State of CT, Dep't of Revenue
Services
450 Columbus Blvd, Suite 1
Hartford, CT 06103-1837

As of the petition filing date, the claim is: **Undetermined**   **$0.00**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

2.6 | Priority creditor's name and mailing address

US Attorney for the District of NJ
970 Broad Street, 7th Floor
Newark, NJ 07102

As of the petition filing date, the claim is: **$0.00**   **$0.00**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

Part 2:   List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims**. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.1	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$1,551.06**

8x8 Inc.
675 Creekside Way
Campbell, CA 95008

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.2	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$2,700.96**

Aaccess.net Solutions Inc
39 Maple Avenue
New City, NY 10956

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.3	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$2,053.30**

ADP
PO Box 842875
Boston, MA 02284

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.4	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Undetermined**

Aherman LLC
132 Remsen St
Brooklyn, NY 11201

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Basis for the claim: **Loans made to Debtor**

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.5	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$5,576.06**

All American Ford
520 River Street
Hackensack, NJ 07601

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.6	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$528.00**

Alliance One
PO Box 3100
Southeastern, PA 19398-3100

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.7	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$300.00**

American Arbitration Association
120 Broadway, Floor 21
Attn: Corporate Finance
New York, NY 10271

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

| 3.8 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$1,425.00** |

Archer Law Office, LLC
2235 Whitehorse Mercerville Road
Hamilton, NJ 08619

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

| 3.9 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$5,000.00** |

Arman Fardanesh
112 Cinnamom Station Way
Newark, DE 19702

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

| 3.10 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$10,082.89** |

AT&T Mobility
PO BOX 6463
Carol Stream, IL 60197-6463

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

| 3.11 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$2,875.00** |

Bederson LLP
Bederson LLP
100 Passaic Avenue Suite 310
Fairfield, NJ 07004

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

| 3.12 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$3,397.60** |

Bergen Brookside Automotive
8595 Zabriskie Street
Hackensack, NJ 07601

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

| 3.13 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$5,779.33** |

Big Tows Inc.
36 Red Schoolhouse Road
Chesnut Ridge, NY 10977

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

| 3.14 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$15,000.00** |

Blair Brewster
297 Henry Street
Brooklyn, NY 11201

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

| 3.15 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$3,520.00** |

BOOK LAW LLP
370 CHURCHILL RD
TEANECK, NJ 07666

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

| 3.16 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$10,182.41** |

C & M Truck & Tire Repair Corp
152 Industrial Loop
Staten Island, NY 10309

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

| 3.17 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **Undetermined** |

Christopher Greco
132 Remsen St
Brooklyn, NY 11201

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: **Loans made to Debtor**

Is the claim subject to offset? ■ No ☐ Yes

| 3.18 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$8,632.26** |

Chrysler Capital a/c x0076
PO Box 660647
** TX 75266**

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

| 3.19 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$8,533.77** |

Chrysler Capital a/c x0205
PO Box 660647
** TX 75266**

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

| 3.20 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$1,190.00** |

Citrix
120 South West Street
Raleigh, NC 27603

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

| 3.21 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$280.32** |

Coaching Systems LLC
21975 E Tallkid Ave
Parker, CO 80138

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$485.17

Confidential Shredding
P.O. Box 8643
Woodcliff Lake, NJ 07677

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$3,282.00

Corporation Service Company
PO Box 13397
,
Philadelphia, PA 19101-3397

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$360.00

County of Bergen Law and Public Safety I
281 Campgaw Road
Mahwah, NJ 07430

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$10,123.90

CSC Corp Service Company
Po Box 7410023
Chicago, IL 60674-5023

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$1,927.68

Danielle Greco
PO Box 707
Suffern, NY 10901

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$25.00

Drive ERT
152 Tunnel Facility Drive
Portsmouth, VA 23707

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$4,437.49

E-ZPass NY
PO Box 24345
Brooklyn, NY 12212

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.29 | **Nonpriority creditor's name and mailing address**
East Coast Medical Consultants (was Emer
3121-D Fire Road
Egg Harbor Township, NJ 08234

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$2,750.00

3.30 | **Nonpriority creditor's name and mailing address**
Emergency Training and Consulting (East
555 Dresher Road
Unit 309
Horsham, PA 19044

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$1,650.00

3.31 | **Nonpriority creditor's name and mailing address**
Employee 2 (Reimbursments)

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$1,620.13

3.32 | **Nonpriority creditor's name and mailing address**
Employee 38 (reimbursments)

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$1,722.11

3.33 | **Nonpriority creditor's name and mailing address**
Emsar
9208 Waterford Centre Boulevard
Suite 150
Austin, TX 78758

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
■ Contingent
■ Unliquidated
■ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$7,463.15

3.34 | **Nonpriority creditor's name and mailing address**
Expressway Collision, Inc.
211 Veterans Rd W Ste 1
Staten Island, NY 10309

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$2,271.69

3.35 | **Nonpriority creditor's name and mailing address**
Falasca Bros Friendly Svc Inc
318 Broadway
Hillsdale, NJ 07642

Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$1,364.63

Debtor	NJ Mobile HealthCare LLC	Case number (if known)	24-16239-JKS
	Name		

3.36 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **Undetermined**

Fleetcor
3280 Peachtree Road, Suite 2400
ATTN: Corpay, Inc.
Atlanta, GA 30305

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.37 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **Undetermined**

Fuelman
PO Box 1239
Covington, LA 70434

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.38 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **Undetermined**

G46 LLC
132 Remsen St.
Brooklyn, NY 11201

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: Loans made to Debtor

Is the claim subject to offset? ■ No ☐ Yes

3.39 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$875.00**

Go Sign Me Up
22431 Antonio Parkway
Rancho Santa Margarita, CA 92688

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.40 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$1,293.54**

Guardian EMS
1 Hill Street
Paterson, NJ 07502

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.41 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **$436.25**

HAVIT Systems Corporation
70 Kent Shore Drive
Carmel, NY 10512

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.42 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** Check all that apply. | **Undetermined**

I.D.M. Medical Gas Co.
620 Braen Ave
Wyckoff, NJ 07481

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**		Case number (if known)	**24-16239-JKS**
	Name			

3.43	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$39,157.02**
	InSight Mobile Data	■ Contingent	
	23330 Cottonwood Parkway	■ Unliquidated	
	Suite 333	■ Disputed	
	California, MD 20619		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.44	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$26,918.99**
	Integrated Rental Services Inc. (Avante)	■ Contingent	
	2601 Stanley Gault Parkway	■ Unliquidated	
	Suite #101	■ Disputed	
	Louisville, KY 40223		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.45	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$55,736.66**
	Interstate 370 LLC.	■ Contingent	
	330 Franklin Turnpike, Suite 210	■ Unliquidated	
	Attn Gary Haig	■ Disputed	
	Mahwah, NJ 07430		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.46	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$1,675.44**
	Interstate Waste Services	☐ Contingent	
	PO Box 554744	☐ Unliquidated	
	Detroit, MI 48255-4744	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.47	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$50,000.00**
	Jack Kishk	☐ Contingent	
	436 Avenue P	☐ Unliquidated	
	Brooklyn, NY 11223	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.48	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$8,761.89**
	JC Fuel Inc	■ Contingent	
	292 Forest Avenue	■ Unliquidated	
	Paramus, NJ 07652	■ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.49	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$86.36**
	Jiffy lube #3656	☐ Contingent	
	Urban Auto Spa II, LLC	☐ Unliquidated	
	788 Route 17 South	☐ Disputed	
	Ramsey, NJ 07446		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

Debtor	NJ Mobile HealthCare LLC		Case number (if known)	**24-16239-JKS**
	Name			

3.50	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$15,135.41**
	Kaufman Dolowich Voluck, LLP **135 Crossways Park Drive** **Suite 201** **Woodbury, NY 11797**	■ Contingent ■ Unliquidated ■ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** __	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

3.51	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$4,711.08**
	Life Tech Inc, DBA Life Ride **70 West South Orange Avenue** **Livingston, NJ 07039**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** __	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

3.52	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$3,347.50**
	LifeSavers Inc. **39 Plymouth St.** **Fairfield, NJ 07004**	■ Contingent ■ Unliquidated ■ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** __	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

3.53	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Undetermined**
	Lime Line Operations LLC **575 Corporate Drive, Suite 525** **Mahwah, NJ 07430**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** **Payroll and payroll tax obligations**	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

3.54	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$5,548.50**
	Louis V. Greco III **PO Box 707** **Suffern, NY 10901**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** **Reimbursment of Expenses**	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

3.55	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Undetermined**
	Louis V. Greco III **PO Box 707** **Suffern, NY 10901**	■ Contingent ■ Unliquidated ■ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** **Loans made to Debtor**	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

3.56	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Undetermined**
	Louis V. Greco Jr. **132 Remsen St** **Brooklyn, NY 11201**	■ Contingent ■ Unliquidated ■ Disputed	
	Date(s) debt was incurred __	**Basis for the claim:** **Loans made to Debtor**	
	Last 4 digits of account number __	Is the claim subject to offset? ■ No ☐ Yes	

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.57 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$23,010.90**

Lytx, Inc.
9785 Towne Centre Drive
San Diego, CA 92121

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.58 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$6,136.22**

Mahwah Automotive Center
111 Spring St.
Ramsey, NJ 07446

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.59 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$190.00**

Mahwah Fire Prevention Bureau
475 Corporate Drive
PO Box 733
Mahwah, NJ 07430

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.60 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$11,334.39**

McKesson Medical Surgical
PO Box 634404
Cincinnati, OH 45263

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.61 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$13,525.00**

Metro Ambulance
7 Daniel Drive
Cedar Grove, NJ 07009

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.62 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$1,311.50**

Monbes Landscaping
102 Caroline Avenue
Hamilton Township, NJ 08610

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.63 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$958.23**

Network Digital
311 Route 46 West
Unit B
Fairfield, NJ 07430

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.64 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$344.20**

NJ EZ Pass
PO Box 4971
Trenton, NJ 08650

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.65 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$3,280.00**

NorStar Systems Inc
PO Box 12
Pompton Lakes, NJ 07442-0012

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.66 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$552.86**

NYC Dept. of Finance
PO Box 3641
New York, NY 10008

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.67 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$11,000.00**

Office Team
PO Box 743295
Los Angeles, CA 90074-3295

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.68 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$20,000.00**

Ogletree Deakins Nash Smoak & Stewart PC
50 International Drive Suite 300
Greenville, SC 29615

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.69 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$1,560.00**

Page, Wolfberg & Wirth, LLC
5010 East Trindle Road, Suite 202
Mechanicsburg, PA 17050

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.70 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **$1,575.00**

Patient 1

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __
Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.71	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$248.50**

Patient 10

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

3.72	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$240.00**

Patient 11

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

3.73	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$123.83**

Patient 12

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

3.74	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$119.07**

Patient 13

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

3.75	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$108.48**

Patient 14

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

3.76	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$105.60**

Patient 15

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

3.77	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$105.28**

Patient 16

☐ Contingent
☐ Unliquidated
Date(s) debt was incurred __   ☐ Disputed

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset?   ■ No   ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.78	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$104.75**
	Patient 17	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.79	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$104.47**
	Patient 18	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.80	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$103.99**
	Patient 19	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.81	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$1,391.34**
	Patient 2	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.82	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$103.51**
	Patient 20	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.83	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$102.14**
	Patient 21	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.84	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$101.91**
	Patient 22	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.85	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$101.59**
	Patient 23	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.86	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$99.82**
	Patient 24	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.87	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$99.34**
	Patient 25	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.88	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$99.02**
	Patient 26	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.89	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$98.58**
	Patient 27	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.90	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$98.38**
	Patient 28	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.91	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$98.38**
	Patient 29	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.92	**Nonpriority creditor's name and mailing address** **Patient 3**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$871.76**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.93	**Nonpriority creditor's name and mailing address** **Patient 30**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$98.22**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.94	**Nonpriority creditor's name and mailing address** **Patient 31**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$97.90**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.95	**Nonpriority creditor's name and mailing address** **Patient 32**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$97.58**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.96	**Nonpriority creditor's name and mailing address** **Patient 33**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$96.13**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.97	**Nonpriority creditor's name and mailing address** **Patient 34**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$95.81**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.98	**Nonpriority creditor's name and mailing address** **Patient 35**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**$95.65**
	Date(s) debt was incurred __		
	Last 4 digits of account number __	**Basis for the claim:** __	
		Is the claim subject to offset? ■ No ☐ Yes	

Debtor	**NJ Mobile HealthCare LLC**	Case number *(if known)*	**24-16239-JKS**
	Name		

3.99	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$95.60**

Patient 36

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.100	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$95.49**

Patient 37

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.101	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$94.22**

Patient 38

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.102	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$187.94**

Patient 39

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.103	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$709.89**

Patient 4

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.104	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$93.41**

Patient 40

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.105	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$92.60**

Patient 41

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.106	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$92.28**

Patient 42

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.107	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$89.18**

Patient 43

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.108	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$84.14**

Patient 44

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.109	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$83.49**

Patient 45

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.110	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$79.09**

Patient 46

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.111	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$73.54**

Patient 47

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.112	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$67.77**

Patient 48

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.113	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$60.63
	Patient 49	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.114	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$280.45
	Patient 5	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.115	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$50.00
	Patient 50	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.116	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$44.86
	Patient 51	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.117	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$31.25
	Patient 52	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.118	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$30.00
	Patient 53	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

3.119	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	$17.76
	Patient 54	☐ Contingent	
		☐ Unliquidated	
	Date(s) debt was incurred __	☐ Disputed	
	Last 4 digits of account number __		
		Basis for the claim: __	
		Is the claim subject to offset? ■ No ☐ Yes	

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.120	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$5.00**

Patient 55

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.121	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$0.44**

Patient 56

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.122	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$265.00**

Patient 6

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.123	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$250.00**

Patient 7

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.124	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$250.00**

Patient 8

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.125	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$250.00**

Patient 9

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.126	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** Check all that apply.	**$2,200.00**

PHILIP M. HERR, ESQ., CPA, PFS
1 Bergen Street
Apt 517
Harrison, NJ 07029

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**		Case number (if known)	**24-16239-JKS**
	Name			

3.127 | **Nonpriority creditor's name and mailing address**

Pitney Bowes
PO Box 371896
Pittsburgh, PA 15250

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$998.46

3.128 | **Nonpriority creditor's name and mailing address**

PKF O'Connor Davies Advisory, LLC
300 Tice Boulevard
Suite 315
Woodcliff Lake, NJ 07677

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$24,817.00

3.129 | **Nonpriority creditor's name and mailing address**

Procida Companies LLC
456 East 173 Street
Attn: Mario Procida & Sarah William
Bronx, NY 10457

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$35,000.00

3.130 | **Nonpriority creditor's name and mailing address**

Professional Account Management, LLC -PA
PO Box 1153
Milwaukee, WI 53201-1153

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$728.93

3.131 | **Nonpriority creditor's name and mailing address**

River Road Rescue Squad, Inc.
101 Shirley Parkway
Piscataway, NJ 08854

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$725.00

3.132 | **Nonpriority creditor's name and mailing address**

Schickler Kaye llp
One Rockefeller Plaza
11th Floor
New York, NY 10020

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

$5,360.00

3.133 | **Nonpriority creditor's name and mailing address**

SDS Leonard LLC
132 Remsen St
Brooklyn, NY 11201

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*

■ Contingent
■ Unliquidated
■ Disputed

Basis for the claim: **Loans made to Debtor**

Is the claim subject to offset? ■ No ☐ Yes

Undetermined

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.134 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **Undetermined**

Second Development Services, Inc
132 Remsen St
Brooklyn, NY 11201

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: **Loans made to Debtor**

Is the claim subject to offset? ■ No ☐ Yes

3.135 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **Undetermined**

SSME Services LLC
575 Corporate Drive, Suite 525
Mahwah, NJ 07430

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: **Payroll and payroll tax obligations**

Is the claim subject to offset? ■ No ☐ Yes

3.136 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **$0.00**

State of New Jersey Dept of Labor and Wo
PO Box 059
Trenton, NJ 08646-0059

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

3.137 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **$7,512.52**

Stryker Medical
1901 Romence Road Parkway
Portage, MI 49024

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

3.138 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **$7,922.49**

Taddeo Shahan & Reisner, LLP
120 East Washington Street
Suite 400
Syracuse, NY 13202

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

3.139 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **$1,037.07**

Teleflex Funding LLC
3015 Carrington Mill Blvd Ste 300
Morrisville, NC 27560

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

3.140 | **Nonpriority creditor's name and mailing address** | As of the petition filing date, the claim is: *Check all that apply.* | **$444.00**

The Hartford
PO Box 660916
Dallas, TX 75266

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Last 4 digits of account number _

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.141	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$1,450.00**

TLC Mobile Health, LLC
214 State Street
Suite 209
Hackensack, NJ 07601

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.142	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$2,677.71**

Tolls by Mail Payment Processing Center
PO Box 15183
Albany, NY 12212-5183

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.143	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$2,219.79**

Tomat Fleet Service
2765 Stillwell Avenue
Brooklyn, NY 11224

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.144	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$9,784.71**

Transworld Systems Inc.
P.O. Box 15618
Wilmington, DE 19850-5618

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.145	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$191.00**

Treasurer State of New Jersey
Lockbox 656
Woolverton Ave, Building 20
Trenton, NJ 08646

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.146	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$1,827.50**

Trenk Isabel Siddiqi & Shahdanian P.C.
290 West Mount Pleasant Avenue
Sutie 2350
Livingston, NJ 07039

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

3.147	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: *Check all that apply.*	**$1,804.81**

Uline
PO Box 88741
Chicago, IL 60680-1741

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date(s) debt was incurred __

Basis for the claim: __

Last 4 digits of account number __

Is the claim subject to offset? ■ No ☐ Yes

Debtor	NJ Mobile HealthCare LLC	Case number (if known)	24-16239-JKS
	Name		

3.148	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$79.68**
	Universal Fidelity **PO Box 5444** **Katy, TX 77491**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

3.149	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$800.00**
	Ventec Life Systems **22002 26th Ave SE** **Bothell, WA 98021**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

3.150	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$925.67**
	Verizon EW location **4 Pinewood Ct** **West Windsor Township, NJ 08550**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

3.151	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$9,169.48**
	Versatile Human Resource Management **1111 West Centre Avenue** **Portage, MI 49024**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

3.152	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$701.92**
	Violations Processing Center - NY EZ Pas **PO Box 15186** **Albany, NY 12212**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

3.153	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$13,007.20**
	Wagner, Ferber, Fine & Ackerman PLLC **66 South Tyson Ave** **Floral Park, NY 10075**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

3.154	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**$1,018.49**
	WB Mason **PO Box 981101** **Boston, MA 02298-1101**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	

Debtor	**NJ Mobile HealthCare LLC**	Case number (if known)	**24-16239-JKS**
	Name		

3.155	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: Check all that apply.	$2,568.14

Wex Bank
PO Box 6293
Carol Steam, IL 60197-6293

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.156	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: Check all that apply.	$3,160.00

Whip-Around Inc.
5955 Carnegie Boulevard
STE 300
Charlotte, NC 28209

■ Contingent
■ Unliquidated
■ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.157	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: Check all that apply.	$5,322.74

William R. Seide Agency, LLC
4664 South Boulevard
Suite 200B
Virginia Beach, VA 23452

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.158	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: Check all that apply.	$45,000.00

William Seide
752 Rivenwood Rd
Franklin Lakes, NJ 07417

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.159	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: Check all that apply.	$3,532.99

Willshire Embroidery
635 Valley View Farm Road
Pence Springs, WV 24962

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

3.160	**Nonpriority creditor's name and mailing address**	As of the petition filing date, the claim is: Check all that apply.	$2,000.00

Worthington Communications
65 Montague Street
Brooklyn, NY 11201

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Part 3:	**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Debtor	**NJ Mobile HealthCare LLC**		Case number (if known)	**24-16239-JKS**
	Name			

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	**EZ-Pass NJ** **PO Box 4973** **Trenton, NJ 08650**	Line **3.28** ☐ Not listed. Explain ____	_
4.2	**Garden State Parkway** **PO Box 5042** **Woodbridge, NJ 07095**	Line **3.28** ☐ Not listed. Explain ____	_
4.3	**Law Offices of Joseph A. Molinaro, LLC** **648 Wyckoff Avenue** **ATTN: Joseph A. Molinaro** **Wyckoff, NJ 07481**	Line **3.60** ☐ Not listed. Explain ____	_
4.4	**Law Offices of Joseph A. Molinaro, LLC** **648 Wyckoff Avenue** **ATTN: Joseph A. Molinaro** **Wyckoff, NJ 07481**	Line **3.36** ☐ Not listed. Explain ____	_
4.5	**MTA Bridges and Tunnels** **2 Broadway** **New York, NY 10004**	Line **3.28** ☐ Not listed. Explain ____	_
4.6	**NJ Division of Employer Accounts** **PO Box 059** **Trenton, NJ 08646**	Line **2.2** ☐ Not listed. Explain ____	_
4.7	**NJ Turnpike Authority** **PO Box 4971** **Trenton, NJ 08650**	Line **3.28** ☐ Not listed. Explain ____	_
4.8	**NY Thruway Authority** **PO Box 15186** **ATTN: Violations Processing Center** **Albany, NY 12212-5186**	Line **3.28** ☐ Not listed. Explain ____	_
4.9	**Port Authority of NY & NJ** **PO Box 151886** **ATTN: Violations Processing Center** **Albany, NY 12212-5160**	Line **3.28** ☐ Not listed. Explain ____	_
4.10	**Triboro Bridge and Tunnel Authority** **2 Broadway, 23rd Floor** **New York, NY 10004**	Line **3.28** ☐ Not listed. Explain ____	_

Part 4:	Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a. $	0.00
5b. Total claims from Part 2	5b. + $	639,225.21
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. $	639,225.21